

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90233 002 ****61.25

DOCUMENT # N99000003115

1. Entity Name

NORTH FLORIDA YOUTH SPORTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

ROUTE 13, BOX 436
 LAKE CITY FL 32055

P.O BOX 1302
 LAKE CITY FL 32056

80005699



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-165512

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NORRIS, GUY W
201 NORTH MARION STREET, SUITE 301
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

-SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, ROBERTA	
STREET ADDRESS	PO BOX 1302	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE	D	<input type="checkbox"/> Delete
NAME	POWELL, RICHARD	
STREET ADDRESS	2585 SOUTH FIRST STREET	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORRIS, GUY W	
STREET ADDRESS	ROUTE 13, BOX 439	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIGGINS, DALE	
STREET ADDRESS	15469 61ST ROAD	
CITY-ST-ZIP	WELLBORN FL 32084	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSES, JIM	
STREET ADDRESS	ROUTE 15, BOX 3089	
CITY-ST-ZIP	LAKE CITY FL 32024	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEEN, CATHY	
STREET ADDRESS	3110 KENSINGTON PLACE	
CITY-ST-ZIP	HIGH SPRINGS FL 32643	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROB MEEKS		
STREET ADDRESS	PO RT. 13 BOX 436		
CITY-ST-ZIP	LAKE CITY FL 32055		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LORRAINE KIRKLAND		
STREET ADDRESS	RT. 13 BOX 366		
CITY-ST-ZIP	LAKE CITY FL 32055		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roberta Whitaker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-02 386 752 1419
 Date Daytime Phone #

CR2E037 (9/01)